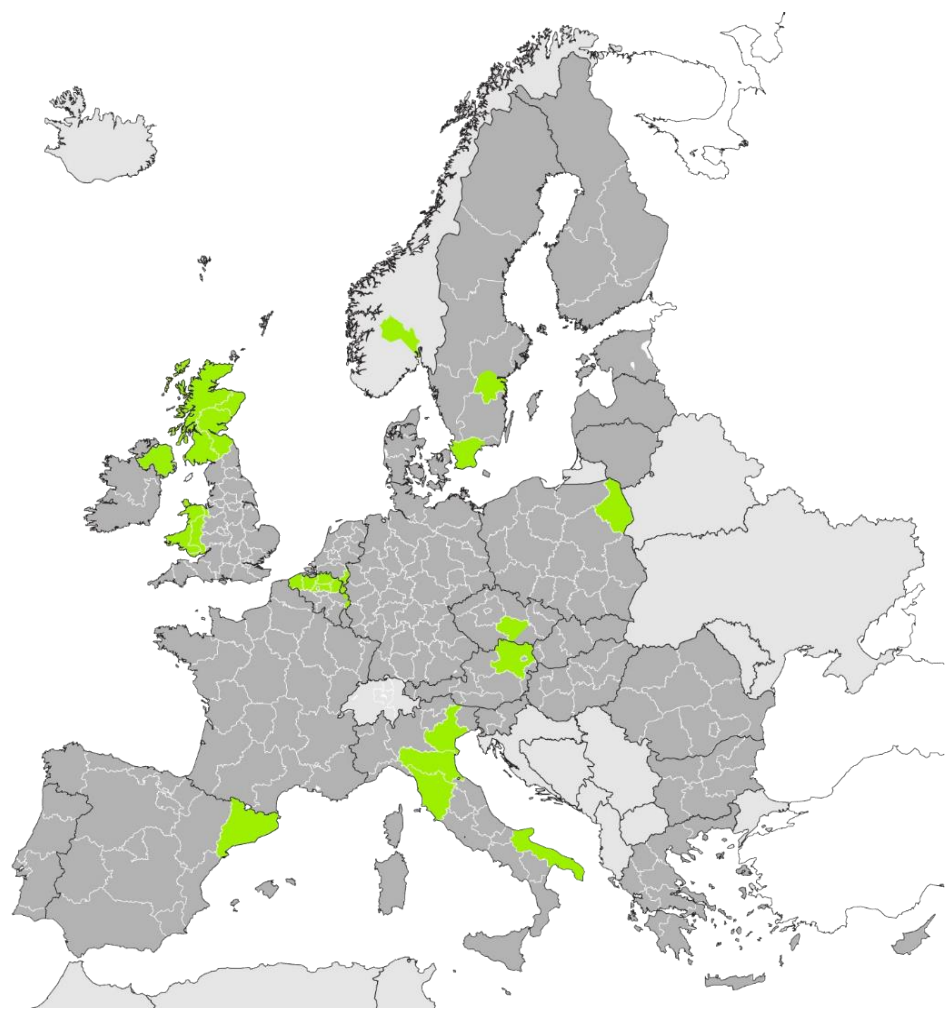


EUREGHA'S CONTRIBUTION TO THE EVALUATION OF THE PATIENTS' RIGHTS IN CROSS-BORDER HEALTHCARE DIRECTIVE

July 2021



EUREGHA believes that the Directive 2011/24/EU on patients' rights in cross-border healthcare has been an essential step forward for European health policies, responding to the needs of EU citizens. Among other topics, the Directive ensures patients' rights to access safe and high-quality healthcare across national borders in the EU, including the critical right to be reimbursed for incurred costs. However, EUREGHA observes that the effectiveness of the Directive varies between the Member States and regions since there are still important barriers related to **documentation, information, reimbursement, and equal access**.

Citizens seek for healthcare in another Member State for various reasons. In many instances, healthcare providers in another country may be **closer** to one's home. On top of that, it is often seen that **specific treatments** might not be available in every Member State. A third reason relates to longer **waiting times** and fourthly, in some regions, such as the German-speaking Community in Belgium, citizens prefer to seek medical care in Germany due to the **language**.

Even though the Directive aims to facilitate this type of movement, EUREGHA underlines that there are still substantial hurdles which interfere with its efficient implementation. Some regions dispute that the Directive slightly hinders natural cooperation between neighbouring countries/regions and that bilateral agreements, in some cases, are more effective. The problem lies in the two issues, namely the overall **information provision** and the current rules around **reimbursement** (upfront payment).

Patients are often unaware of their rights and possibilities. The Directive sets up a network of National Contact Points (NCPs) to facilitate the information provision on patient's rights and entitlements, healthcare providers, complaints procedures, and legal administrative options available to settle disputes to mobile patients. However, EUREGHA members observed that there are significant differences between the quality and working of NCPs in the Member States. In most cases, NCPs are centralised, while often there is a strong need to apply the directive especially in EU border areas. Therefore, delocalised NCPs would help in fostering mobility of patients between border regions thus contributing to further implement the Directive. Moreover, patients cannot get information from their doctors or their insurance companies since they have no mandate or incentive to do so. On top of that, it is seen that NCPs are difficult to reach due to the absence of clear contact details. Information on the website of the NCPs is often written in the native language and English. This might not be sufficient for minorities living in the Member State.

EUREGHA members, furthermore, point out that citizens are expected to pay the treatment costs **out of their own pockets** before receiving it back from their insurances. This problem of reimbursement may lead to healthcare inequalities. In the search for information, citizens often are referred to the national insurer, which are not necessarily knowledgeable about the tools offered by the Directive and are therefore not in the position of promoting cross-border healthcare.

1. A stronger role for NCPs to support citizens, healthcare providers, and patient organizations

The physical distance between the often nationally established NCPs and patients in border regions is significant. Anchoring National Contact Points regionally or appointing regional contact persons could help to overcome this distance. Moreover, discrepancies in the governance and financing of the NCPs persist across Europe. These differences may lead to a considerable variation of services provided to EU citizens.

2. A prominent role for healthcare providers in the promotion and implementation of the Directive.

Healthcare providers, such as General Practitioners (GP), can play an important role in the promotion and implementation of the Directive. Healthcare professionals can make sure that patients are able to make an informed choice about their treatments and are aware of the availability, safety, and quality of the healthcare provided in another Member State. Depending on the health systems, GPs may be operating under a lot of pressure. It is important to hand them practical tools which make it easy for them to be aware of possible solutions and give the right information. Close collaboration with healthcare professionals could help to understand how the information exchange could be enhanced without giving them more workload.

3. Introducing administrative settlement of reimbursement to stop payment in advance.

One of the main barriers for citizens is the lack of information on the quality of treatment and the accompanying prices. Upfront **out-of-pocket payment** is required and there is an uncertainty about the amount of reimbursement for both healthcare services and patients. A mechanism should be put in place that takes away payments in advance and can ensure a right administrative settlement of reimbursement would benefit citizens and the overall process.

To conclude, a strong cooperation and political commitment between the national and regional level is needed to ensure an effective implementation of the Directive. The COVID-19 crisis showed us that cross-border cooperation in healthcare is crucial and, above all, possible. This is especially true in border areas, home to more than 150 million EU citizens. To build a European Health Union that considers the differences among the health and social care systems in Europe while ensuring cooperation, we should take into account the

experiences of border regions. In these areas, regional and national differences are enriching the healthcare systems exchange, and concrete needs are pushing the administrations towards the implementation of solutions that help to overcome barriers and diversity.

Side note:

EUREGHA took note that the topic of data-sharing will be evaluated throughout the consultation on the EU health data space. Yet, it is important to underline that the exchange of common EU health records and effective use of the cross-border healthcare directive go hand in hand.

EUREGHA'S RESPONSE TO THE PUBLIC CONSULTATION

EUREGHA has officially contributed to the public consultation on **cross-border healthcare**, launched by the European Commission in early May. Please find the answers below.

Section 1: Patients' rights in cross-border healthcare

Q1: *How informed are you about your rights to seek healthcare in another country? [To a limited extent]*

Q2: *Are you aware that you can get healthcare costs incurred in another EU country reimbursed under the 2 EU schemes described in the introduction? [No opinion]*

Q3: *In your experience, do the EU schemes (described in the introduction and Q2) meet patients' needs on accessing healthcare in another country? [to a limited extent]*

Please specify:

EUREGHA believes that the Directive 2011/24/EU on patients' rights in cross-border healthcare has been an essential step forward for European health policies, responding to the needs of EU citizens. Among other topics, the Directive ensures patients' rights to access safe and high-quality healthcare across national borders in the EU, including the critical right to be reimbursed for incurred costs. However, EUREGHA observes that the effectiveness of the Directive varies between the Member States and regions since there are still important barriers related to documentation, information, reimbursement, and equal access. EUREGHA underlines that there are still substantial hurdles which interfere with its efficient implementation. Some regions dispute that the Directive slightly hinders natural cooperation between neighbouring countries /regions and that bilateral agreements, in some cases, are more effective. The problem lies in the two issues, namely the overall information provision and the current rules around reimbursement (upfront payment).

Q4: *In the last 5 years, have you experiences or are you aware of any changes in accessing planned healthcare in another EU country because of the freedom of choice provided by the Directive?*

- Access to high quality and safe healthcare [greatly increased]
- Waiting times for treatment [slightly reduced]
- Cost of treatment [no changes]
- Access to better quality of treatment [no changes]
- Choice of healthcare provider (public or private) [no changes]

Please specify:

Overall, EUREGHA members unfortunately do not experience any changes in accessing planned care in another MS since the Directive is hardly used by patients as they are unaware of their rights and 9 possibilities. The reasons behind this is that there are missing links between the legal certainty the Directive provides for seeking healthcare abroad and tailor-made information on access, quality, costs, waiting times, healthcare providers of treatments.

Q5: *in your experience, do patients have access to healthcare in another EU country and enjoy the same conditions as residents of that country?*

- Cross-border patients pay the same for healthcare as residents of that country [not at all]
- Cross-border patients have access to public healthcare providers under the same conditions as residents of that country [to some extent]
- Cross-border patients have access to all treatments available in the EU country of treatment

Q6: *In your experience, is there legal certainty and clarity over the rights of patients to cross-border healthcare in the EU [to a limited extent]*

Please specify:

The Directive gives a legal framework for reimbursement. The open question is, where can a potential patient receive this information on their rights and in case receive legal and administrative help? And do healthcare providers and social insurances apply this Directive in the right way? EUREGHA members underline that citizens are often not informed about their rights to seek for healthcare abroad. Even though there is real added value for citizens living in border regions to be informed, citizens are not aware of their legal rights for cross-border healthcare in the EU. It is often seen that citizens cannot easily find information about the pricing, different tariffs, and there are rarely any referrals from GP's to colleagues across the border, even if they are more proximate.

Q7: *What are the main reasons why people seek healthcare abroad?*

- The closest healthcare provider is in the neighboring country
- Healthcare service and treatment needed not available in-home countries

Q8: *Healthcare providers (general practitioners, specialist doctors, hospitals, clinics etc.) in the EU country of treatment have to provide cross-border patients with relevant information so they can make informed choices. They must also provide them with the necessary documents so they can get healthcare costs reimbursed and any follow-up treatment back home. Are you aware of patients' experiences with healthcare providers abroad? [Yes]*

To what extent do patients experience any of the following with healthcare providers abroad?

- Healthcare providers give clear information on prices [to a limited extent]
- Healthcare providers recognize medical documents/test from the home country [to a limited extent]
- Healthcare providers transfer medical records or a patient summary to the healthcare provider back home (in either paper or electronic format) [to a limited extent]
- Healthcare providers issue clear invoices for reimbursement by the patients health insurers [don't know/no opinion]

Q9: *Are you aware of administrative problems for patients receiving follow-up care at home treatment abroad, including recognition of prescriptions* [yes]

Q10: *In your view, are there barriers to patients seeking healthcare in another EU country?* [completely]

- lack of information on patients' rights to healthcare abroad
- lack of information on healthcare providers/treatments options available abroad
- language barriers
- uncertainty about prices charged by healthcare providers abroad
- difficulties in accessing public healthcare providers/treatment options abroad

Q11: *Do patients receive information from their healthcare providers on treatment options in another EU country?* [no]

Q12: *In each EU country, there is a national contact point that provides information about cross-border healthcare inside the EU. Did you know that a National Contact Point exists ?* [yes]

Have you contacted a National Contact Point (in your own country or in an EU country of treatment) or checked its website for information? [yes]

Q13: *How would you assess the information provided by national contact points ?*

- Quality [1]
- Completeness [1]
- Clarity [1]

Q14: *Was the information in a suitable format for people with disabilities?* [yes]

Q15: *Was the information available in another language?* [yes]

Q16: *Was the information available in a minority language in your country?* [no]

Q17: *did the information cover LGBTIQ people (lesbian, gay, bisexual, transgender, intersex, and queer)?* [don't know/I don't know]

Q18: *Was it easy to find the following information?*

- Treatment options in another EU country [yes]
- Prior authorization from health insurers necessary for a specific treatment [yes]
- Prior approval conditions for cross-border healthcare [yes]
- Reimbursement conditions for healthcare abroad [yes]
- Different reimbursement schemes available [yes]
- Prices for treatment in another EU country [yes]

- Quality and safety in another EU country [yes]
- Healthcare provider in another country is legally registered to provide services [yes]
- Complaints and appeals process [yes]

Q19: *Are you aware of the possibility to have your prescription recognized by a pharmacist in another EU country?* [yes]

Q20: *Are you aware of problems with pharmacists in another EU country not recognizing prescriptions?* [yes]

SECTION 2: RARE DISEASES AND EUROPEAN REFERENCE NETWORKS

Q21: *To what extent are you aware of the possibilities to seek diagnosis and treatment of rare diseases in another EU country with prior approval from your healthcare insurer?* [not at all]

Q22: *To what extent are you aware of information tools supported by the Commission (e.g. the Orphanet database providing information on rare diseases, the European platform on rare disease registration) that can help improve and share knowledge in the diagnosis of rare diseases?* [Don't know/no opinion]

SECTION 3: HEALTHCARE COOPERATION BETWEEN REGIONS AND THE IMPACT OF COVID-19 ON CROSS-BORDER HEALTHCARE

Q29: *To what extent have these measures supported cross-border cooperation in healthcare between neighbouring countries and in the border regions over the last 5 years?*

- Exchanges of information [not at all/no change]
- Exchanges of good practices [not at all/no changes]
- Agreements in cooperation in healthcare provision [not at all/changes]

Q30: *What are the most common barriers facing hospitals, health authorities and health insurers in cross-border healthcare cooperation across border regions?* [political commitment]

Q31: *Do you think the Directive could help health systems tackle a possible backlog of postponed treatments arising from the pandemic?* [not at all]

Please specify: EUREGHA members underline that citizens rarely use the Directive to access healthcare across the border due to a lack of information and the need to pay out of their own pocket. That is why EUREGHA members do not believe that the Directive can help with waiting lists and/or a backlog

of postponed treatments, unless this is more promoted by GPs/NCPs/regional and national health authorities.

Q32: *Have restrictions on free movement during the pandemic, such as travel bans, quarantine or testing requirements, had an impact on access to healthcare in another EU country? [completely]*

Please specify: The pandemic, travel bans, and testing requirements heavily restricted the free movement of patients during the pandemic. This also applied for healthcare workers. In some cases, healthcare workers had to go through administrative hurdles and border controls to go to their work across the border.

Q33: *Do you have any other comments you wish to share on patients' rights in cross-border healthcare, rare diseases and ERNs?*

Please specify:

EUREGHA Members argue that the Directive has a strong potential to work successfully, but that in some cases, bilateral agreements between countries are more efficient. The Directive unfortunately sometimes hampers natural cooperation between countries and border regions and, thus, does not help to tackle all specific practical issues. Secondly, citizens may have a false feeling that they are limited in their choice of /and accessibility to health care, and this may lead to potential healthcare inequalities. Information exchange and a wider involvement of healthcare providers (doctors and health insurers) could benefit the working of the Directive. Additionally, Directive 2012/52/EU states the possibility to have a prescription recognised by a pharmacist in another country, but in reality, it is seen that pharmacists can deny a prescription. That is why we believe that ePrescriptions (with digital verification mechanisms like QR codes) should be further explored in the near future.

EUREGHA MEMBERS



EUREGHA is the reference network for European Regional and Local Health Authorities. We bring together a critical mass of knowledge and expertise and encourage diversity with the purpose of helping our members to improve the efficiency and quality of health systems and services in Europe.

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Website www.euregha.net

   EUREGHA

EUREGHA Secretariat
Rond-point Robert Schuman, 11
1040 – Etterbeek
Brussels, Belgium

CONTACT US

E-mail secretariat@euregha.net

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